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Bib Data Sheet

CONFIRMATION NO. 8708

| SERIAL NUMBE 10/717,736 | R FILING OR 371(c) DATE 11/20/2003 RULE | CLASS 702 | GRO | GROUP ART UNIT 2863 | | ATTORNEY DOCKET NO. BO1 - 0019US | | |
|---|---|---------------------|-----|---|----------|--|----------------------------|--|
| APPLICANTS Scott E. Black, Godfrey, IL; Kirby J. Keller, Chesterfield, MO; Kevin Swearingen, St. Charles, MO; ** CONTINUING DATA ********************************** | | | | | | | | |
| met Allowance Initials COUNTRY DR Acknowledged Examiner's Signature Initials | | | | EETS TOTAL WING CLAIM 4 23 | | MS | INDEPENDENT CLAIMS 2 | |
| ADDRESS 60483 | | | | | | | | |
| TITLE Component health assessment for reconfigurable control | | | | | | | | |
| | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: | | | ☐ All Fees | | | | |
| (+) | | | | 1.16 Fees (Filing) | | | | |
| RECEIVED N | | | | ☐ 1.17 Fees (Processing Ext. of time) | | | | |
| 824 N | | | | ☐ 1.18 Fees (Issue) | | | | |
| | | | | Other | | | | |
| | | | | | ☐ Credit | | | |